02181999-90031-007-$150.00-$150.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[redacted]

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F98000004810

1. Corporation Name
AXIS, INC. OF ILLINOIS

Principal Place of Business	Mailing Address
2201 W. TOWNLINE RD PEORIA IL 61615	2201 W. TOWNLINE RD PEORIA IL 61615

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1998

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 36-3521444 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

8. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CEOC	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, RAYMOND G		1.2 NAME		
STREET ADDRESS	7555 BALLINSHIRE N DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46254		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ADAMS, RAYMOND G		2.2 NAME		
STREET ADDRESS	7555 BALLINSHIRE N DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46254		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHANKAR, AJAY		3.2 NAME		
STREET ADDRESS	1121 W. AUSTIN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL 61614		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CHAND, ROHIT		4.2 NAME		
STREET ADDRESS	B-19 DEFENSE COLONY		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW DELHI, INDIA 110024		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LAI, RABIN		5.2 NAME		
STREET ADDRESS	312 W. MORNINGSIDE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PEORIA IL 61614		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

3-24-99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] Vice President 3/16/99 309-691-3488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)